## M09800001661

(Requestor's Name)						
(Address)						
,						
(Address)						
(Ch.(Ch.), (7), (Dh.), 40						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(50000000000000000000000000000000000000						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
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Office Use Only



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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: SCI HOTELS, I	LLC			
2.	(a)	366 South 10th Avenue	(	b)		
	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		, <u></u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Waite Park, MN 56387				
		05/05/2009	_	M0900	0001661	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Tyrone Suites, LLC				
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		3831 Tyrone Boulevard, #104				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			— — <b>=</b>	
					<u> </u>	
		St. Petersburg , Ft.	3370	9		
	(b)	Corporation Service Company				
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			1 8 42 12.16 12.16 12.16	
		1201 Hays Street			2	
		NEW Registered Office Address:				
			<del></del> .		- <del>-</del>	
		Tallahassee FI	_ 3230	1		
the ag wa	e cha ent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the reg ability c of the lir	istered off :ompany. i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
		Xie & Coni	Jill	Cilmi, Aut	horized Person	
	Signat	ture of a member or authorized representative of a member			Printed or typed name of signee	
pr the to no	ovisi e obl mere tifico	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office afficess, I I in writing of this change.	e perforn ed for in	nance of m Chapter 6	iy dutles, and I am familiar with and accept 105, F.S. Or, if this document is being filed	
Si	gnatu	re of Registered Agent Corporation Service Company	BY: A	Ami M. C	asper, Asst. Vice President	